

# GMA

## Glenwood **Medical** Associates

At GMA, we pride ourselves on being transparent. Below are the top volume procedure prices in the following categories: Office Visits, Radiology and Ultrasound, Laboratory Services, Physical Therapy, and Echo and Ancillary Services.

Procedure Prices are current as of January 1st 2018.

<b>Office Visits</b>		
Procedure	Charge	CPT Code
New Patient Level 1	\$ 101.00	99201
New Patient Level 2	\$ 172.00	99202
New Patient Level 3	\$ 249.00	99203
New Patient Level 4	\$ 377.00	99204
New Patient Level 5	\$ 475.00	99205
Established/Nursing Service	\$ 51.00	99211
Established Level 2	\$ 100.00	99212
Established Level 3	\$ 309.00	99213
Established Level 4	\$ 393.00	99214
Established Level 5	\$ 332.00	99215

<b>Radiology and Ultrasound Services</b>		
Procedure	Charge	CPT Code
DXA - Axial Skeleton	\$ 418.00	77080
Chest PAL (2 Views)	\$ 135.00	71020
Knee (1 or 2 views)	\$ 105.00	73560
Shoulder (Min 2 Views)	\$ 114.00	73030
Lumbar APL (2 or 3 Views)	\$ 140.00	72100
U/S Abdominal	\$ 295.00	76705
Lumbar (Min 4 Views)	\$ 191.00	72110
Foot (Min 3 Views)	\$ 114.00	73630
Ankle	\$ 119.00	73610
U/S Transvaginal	\$ 382.00	73830

## Laboratory Services

Procedure	Charge	CPT Code
Complete Blood Count (CBC)	\$ 46.00	85025
Comp Metabolic Panel	\$ 64.00	80053
Thyroid - Stimulating Hormone (TSH)	\$ 66.00	84443
Urine Dipstick	\$ 9.00	81003
Glyco HGB (A1C)	\$ 34.00	83036
Basic Metabolic Panel	\$ 53.00	80048
General Health Panel	\$ 152.00	80050
Prottime/INR	\$ 26.00	85610
Urinalysis	\$ 19.00	81001
C-Reactive Protein (CRP)	\$ 58.00	86140
Venipuncture	\$ 36.00	36415
Lipid Profile	\$ 64.00	80061
Direct Low Density Lipoprotein (LDL)	\$ 34.00	83721
Thyroid - Stimulating Hormone (TSH)	\$ 66.00	84443

## Physical Therapy

Procedure	Charge	CPT Code
Manual Therapy	\$ 69.00	97140
Thera Exercise - 15 Min - 1 or More	\$ 75.00	97110
Therapeutic/ or Diag. Injection	\$ 59.00	96372
E-Stim Unattended	\$ 44.00	97014
Functional Capacity Exam (FCE)	\$ 100.00	97750
U/S Phono	\$ 42.00	97035
PT Initial Evaluation	\$ 187.00	97001
Photodynamic Therapy	\$ 666.00	96567
Iontophoresis	\$ 56.00	97033
Mechanical Traction	\$ 48.00	97012

## Echo and Ancillary Services

Procedure	Charge	CPT Code
EKG - With Interp & Report	\$ 110.00	93000
Oximetry	\$ 147.00	94762
Carotid IMT	\$ 299.00	93882
U/S Unilateral Doppler	\$ 300.00	93971
Nebulizer Treatment	\$ 60.00	94640
Charges for One Stress Test As Follows: (reading fee billed separately)		
U/S Cardio Stress - Physician	\$ 141.00	93016
U/S Cardio Stress - Tracing Only	\$ 267.00	93017
U/S Cardio Stress - Interp	\$ 113.00	93018
U/S Echo - 2D with Stress Test	\$ 455.00	93350
U/S Echo/Transthoracic/real time	\$ 667.00	93306
Depo-Testosterone 200mg	\$ 8.00	J1071
Prolia 60 mg SC Injection	\$2,040.00	J0897
Dep-Provera 150 mg	\$ 150.00	J1050

If you have any questions regarding your bill, please reach out to our billing department at 970-945-8503. We are happy to clarify any questions you may have regarding your bill.